



**East Lake Academy**  
 13911 W Laurel Drive  
 Lake Forest, Illinois 60045  
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[www.eastlakeacademy.org](http://www.eastlakeacademy.org)

**Student Evaluation Form**  
 Pre-Kindergarten, Kindergarten, and First Grade

*Parents, please submit this form to your child's current teacher with a stamped, addressed envelope.*

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

I give \_\_\_\_\_ my permission to answer the following questionnaire with regard to my child.

\_\_\_\_\_  
*Parent's Signature*

School Currently/Formerly Attending:

\_\_\_\_\_  
*School Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City/State/Zip*

\_\_\_\_\_  
*School Telephone Number*

**TO: PRINCIPAL or TEACHER**

The student named above has applied for admission into the \_\_\_\_\_ grade at East Lake Academy for the academic year \_\_\_\_\_. Your help is requested in supplying as much of the information below as possible so that we can better meet the needs of this student.

Length of time at this school: \_\_\_\_\_

Does student have a satisfactory attendance record? \_\_\_\_\_ Yes \_\_\_\_\_ No

**I. Please grade the following areas with a check mark:**

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
<b><u>READINESS:</u></b>				
Attention Span	_____	_____	_____	_____
Comprehension (Understands school vocabulary)	_____	_____	_____	_____
Retains Information (Memory)	_____	_____	_____	_____
Follow Directions (Completes work with normal amount of help)	_____	_____	_____	_____
Oral Expression (Communicates clearly and distinctly)	_____	_____	_____	_____
Gross Motor Development	_____	_____	_____	_____
Fine Motor Development				
Writing	_____	_____	_____	_____
Coloring (crayons)	_____	_____	_____	_____
Cutting	_____	_____	_____	_____
<b><u>BEHAVIORIAL:</u></b>				
General Attitude toward School	_____	_____	_____	_____
Classroom Conduct	_____	_____	_____	_____
Effort and Cooperation	_____	_____	_____	_____
Ability to Cope with Stress (Frustration)	_____	_____	_____	_____
Ability to Wait His/Her Turn	_____	_____	_____	_____
Relationship with Teacher	_____	_____	_____	_____

**SOCIAL:**

	Excellent	Good	Average	Poor
Relationship with Peers	_____	_____	_____	_____
Ability to be Part of a Group Activity without Adult Assistance	_____	_____	_____	_____
Plays with Others in Co-operative Play	_____	_____	_____	_____

**II. Rate the applicant on the following:**

	(1) Above Average	(2) Average	(3) Below Average
Academic Progress	_____	_____	_____
Behavioral Development	_____	_____	_____
Social Maturity/ Emotional Development	_____	_____	_____

**III. Check One:**

	All	Some	None
Applicant recognizes letters	_____	_____	_____
Applicant writes letters	_____	_____	_____
Applicant knows letter sounds	_____	_____	_____
Applicant knows basic colors	_____	_____	_____
Applicant knows basic shapes	_____	_____	_____
Applicant recognizes numbers to: _____			
Applicant writes numbers to: _____			

**IV. Reading Series and present level of child – Please Explain:** Is the applicant reading? \_\_\_\_\_

\_\_\_\_\_

**V. Math Series and present level of child – Please Explain:**

\_\_\_\_\_

**VI. Please describe any disabilities (physical, emotional, mental, language barriers, family situations), which affect this student's progress:**

\_\_\_\_\_

**VII. Discipline – Please Comment:**

\_\_\_\_\_

**VIII. Previous educational/psychological tests administered to applicant. Describe and enclose copies (if possible).**

\_\_\_\_\_

Has the student ever been so advised to participate in such a program?  Yes  No

**Any other comments:**

\_\_\_\_\_

Thank you for your time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decision. Please sign and send this completed form, transcript, and school to East Lake Academy. Please indicate the best date and time for us to contact the applicant's teacher.

\_\_\_\_\_  
*Signature of Teacher*      \_\_\_\_\_  
*Date*      \_\_\_\_\_  
*Best Date/Time To Be Contacted*      \_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Signature of Principal*      \_\_\_\_\_  
*Date*      \_\_\_\_\_  
*Best Date/Time To Be Contacted*      \_\_\_\_\_  
*Telephone Number*

Has this family completed all of their financial commitments?  Yes  No  
Has this family met their financial commitments in timely manner?  Yes  No